

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/379,160		FILING DATE 5-25-00	
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
(1)	/						51				
2		/					52				
3			/				53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
(16)	/						66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26	/						76				
27	/						77				
28	/						78				
29	/						79				
30	/						80				
31	/						81				
32	/						82				
(33)	/						83				
(34)	/						84				
(35)	/						85				
36	/						86				
37	/						87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	37	↓	↓	↓	↓	↓	TOTAL DEP.				
TOTAL CLAIMS	37						TOTAL CLAIMS				